

## AN OVERVIEW OF THE FORD FOUNDATION'S STRATEGY FOR POPULATION WORK

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Over the past sixteen years the Ford Foundation has devoted \$100 million to work directed to world population problems—more than any other agency, public or private. We in the Foundation believe that the quality of life is threatened by excessive rates of population growth—that the problem of balancing the human population against an environment capable of supporting it with a rising standard of life is one of the great challenges to mankind. We believe, therefore, that a foundation concerned with human welfare must give high priority to helping nations reduce their fertility. We recognize the obstacles to development of the poor countries created by high rates of population growth and at the same time the difficulty of achieving significant fertility limitation in the absence of concomitant social and economic development. Thus, we believe that birth control must accompany, but not substitute for, development work in education, agriculture, industry, and government.

As indicated in Table 1, Foundation commitments in population began modestly in 1952 and have grown to substantial magnitude in the past five years. In 1968, they will amount to about six percent of the Foundation's total commitments.

About two-thirds of the Foundation's expenditures in population have gone to American institutions, although the activities supported by these grants are primarily directed toward population problems in developing countries. Only in the past three years has it been Foundation policy to assist family planning in the United States, where the Foundation pro-

vides modest support of catalytic research and demonstration programs that promise to improve delivery of family planning services.

The Foundation's greatest expenditure in population outside the United States is in Asia, particularly for assistance to the family planning programs of India and Pakistan. Next in magnitude are the Foundation's grants in Europe, primarily for research and training in reproductive biology. Figure 1 shows the division of population commitments by geographic region.

Slightly more than one-half of the Foundation's population commitments have been directed to research and training in reproductive biology, the balance for training and research in other aspects of population and family planning, for assistance to family planning programs, and for dissemination of information on population problems. Figure 2 indicates the relative emphasis given to these activities in Foundation grants.

In population, as in the case of its other development assistance activities, the Foundation is both a grant-making and an operating agency. In addition to a professional staff of six in the New York Population Office, the Foundation employs 21 population advisers directly (five in Latin America, two in Africa, and 14 in Asia). An additional 25 professionals (one in Latin America, nine in Africa, and 15 in Asia) are employed by such organizations as the Population Council and university population centers in Foundation-supported projects.

As can be seen in Figure 3, the past six years have seen a tremendous growth in resources devoted to assisting developing

\* The Ford Foundation.

countries in population work. The Foundation must, therefore, take into account the financial resources and comparative advantages of other agencies as it charts its future course in this field.

The Population Council receives substantial funds from the Foundation through general support grants, as well as grants for specific technical assistance programs in such countries as Pakistan and Ceylon. In the period from 1954 through 1968, the Foundation has provided about 42 percent of the Population Council's total budget.

As will be emphasized below, there is clearly insufficient money available as yet from other sources to permit substantial reduction of Foundation support of university population centers or of research in reproduction. There is, in fact, a strong

case, at least in the short run, for an intensified Foundation effort in the latter field. The availability, at least for the present, of massive AID funds for action programs in developing countries reduces the need for large-scale Foundation funding in this area, but is not likely to eliminate the need for continued Foundation initiative among donors and assistance to policy makers.

#### ACCOMPLISHMENTS TO DATE

The Foundation has been a major force in three general areas of population work: research and training in reproductive biology; the establishment and/or expansion of university population studies centers in the United States; and assistance to population programs in developing countries. It has also contributed to experimental

Table 1.—THE FORD FOUNDATION ANNUAL COMMITMENTS IN POPULATION  
(in dollars)

Fiscal year October 1- September 30	Reproduc- tive biology	Training and research in dissemination of information	Assistance to family plan- ning programs	Annual totals
Total .....	54,499,707	28,997,971	17,429,900	100,927,578
1952.....	....	60,000	....	60,000
1953.....	....	....	....	....
1954.....	....	640,000	....	640,000
1955.....	....	25,000	....	25,000
1956.....	....	....	....	....
1957.....	....	1,015,200	....	1,015,200
1958.....	....	475,000	....	475,000
1959.....	700,000	700,000	330,000	1,730,000
1960.....	1,600,000	6,556	....	1,606,556
1961.....	1,660,000	1,825,000	1,152,000	4,637,000
1962.....	2,438,000	510,000	....	2,948,000
1963.....	5,221,200	1,651,625	1,820,000	8,692,825
1964.....	4,349,840	6,674,300	2,062,000	13,086,140
1965.....	4,810,700	3,572,700	1,459,500	9,842,900
1966.....	19,221,000	3,719,000	4,303,400	27,243,400
1967.....	10,187,500	5,182,490	4,608,000	19,977,990
1968 <sup>(a)</sup> .....	4,311,467	2,941,100	1,695,000	8,947,567

(a) to August 1, 1968.

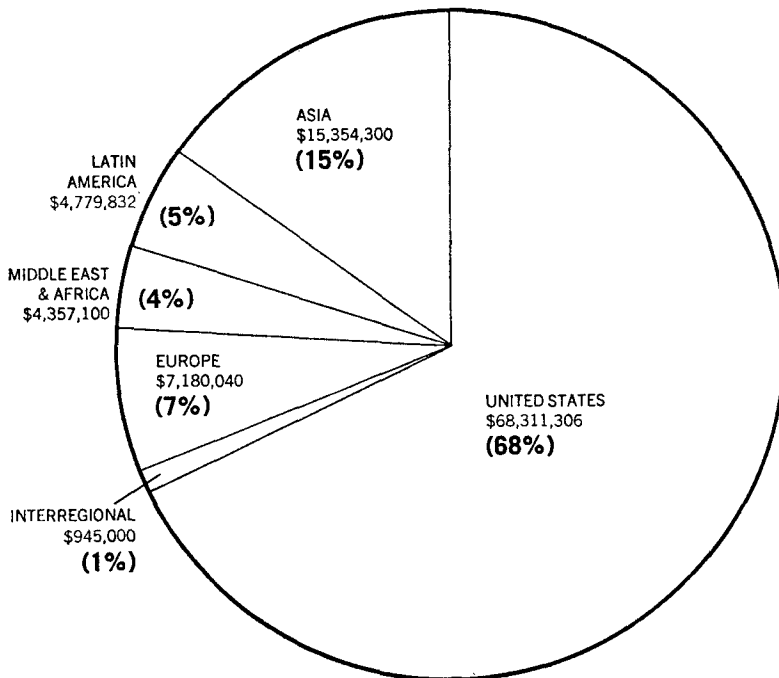
programs designed to improve family planning in the United States.

#### REPRODUCTIVE BIOLOGY

Modern reproductive biology began in the 1920's, and the scientific literature of the 1930's already contained the basic information on which the modern birth control pill was developed twenty years later. During the 1940's and 1950's scientists turned their attention to problems made urgent by war: the development of antibiotics, the factors governing stress, the control of tropical diseases, the field of

radiation biology. During this period scientists achieved a stunning victory over infectious disease, but neglected reproductive biology, the scientific field equipped to deal with one of the consequences of this victory—unprecedented population growth. Beginning in 1959 the Foundation has committed over \$54 million to work in reproductive biology. Grants to 36 institutions in the United States, 21 in Europe, 12 in Asia, 8 in Latin America, and 4 in the Middle East, including Israel, have helped bring about a renaissance in this field of scientific investigation.

**Ford Foundation Commitments  
in Population by Region,  
1952-1968\***



\*As of 8/1/68. This does not include costs of Foundation-employed population staff throughout the world.

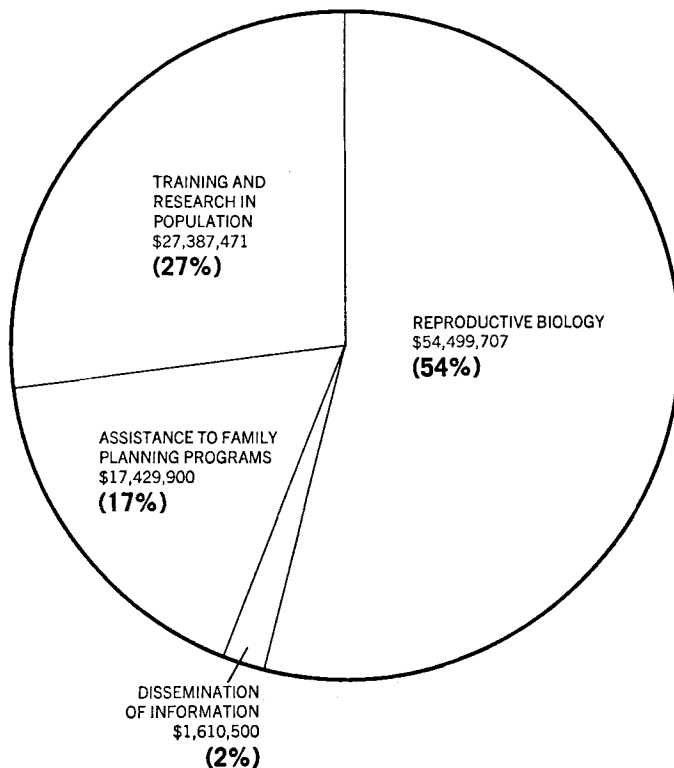
**Figure 1.—FORD FOUNDATION COMMITMENTS IN POPULATION BY REGION, 1952-1968**

In 1959 when the Foundation first considered possible support of reproductive biology as a way of attracting scientific attention to control of fertility, the field offered appeal to able young scientists. Accordingly, the Foundation's first grants were designed to bring talented personnel into the field. It financed establishment of a training program in reproductive biology and research methodology for foreign postdoctoral fellows at the Worcester Foundation for Experimental Biology under the late Gregory Pincus and supported fellowships for study of animal re-

production at the Zoological Society of London. Funds were given to 16 medical schools for student summer stipends to enable future physicians to participate in research on reproduction and to appreciate the problems created by excess fertility. The Foundation now supports annually in research centers in the United States and Europe about 100 pre- and postdoctoral fellows in reproductive biology, principally from abroad.

As its program developed, Foundation staff undertook a systematic search for able investigators whose work might con-

### Ford Foundation Commitments in Population by Type of Activity 1952-1968\*



\*As of 8/1/68.

Figure 2.—FORD FOUNDATION COMMITMENTS IN POPULATION BY TYPE OF ACTIVITY, 1952-1968

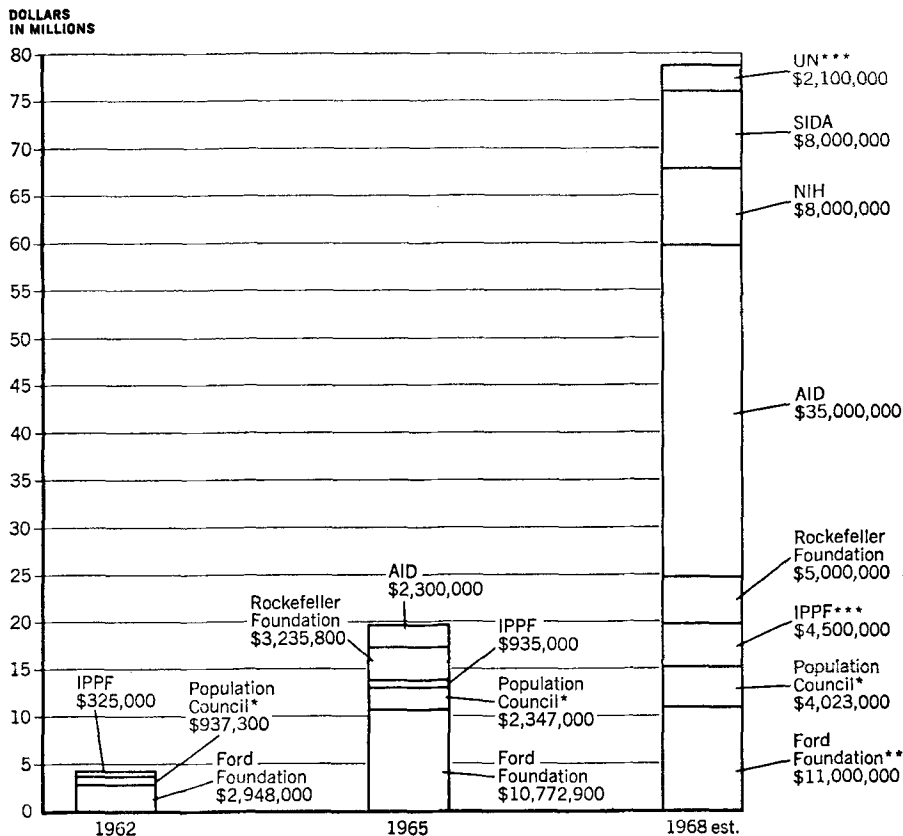
tribute to the better understanding of human fertility and its control. These scientists were encouraged to widen the scope of their activities and, where appropriate, to establish interdisciplinary research groups. Foundation-sponsored research has led to the publication of more than 700 papers covering every major salient in the field.

In Mexico, the investigators who dis-

covered that low dose progestins prevent conception even though they do not inhibit ovulation were given a Foundation grant to study the mechanism of action of these compounds in order to perfect the method. The development of long-acting, injectable antifertility agents was "fall-out" from fundamental studies on uterine muscle activity in Brazil.

Scientists at the All-India Institute of

## Commitments of Major Agencies in Population<sup>1</sup>



\*Net of RF, FF, and AID contributions. Total Population Council commitments are: 1962—\$2,375,000; 1965—\$5,440,000; 1968—est. \$10,000,000.

\*\*Less grants for domestic family planning.

\*\*\*Net of AID contributions.

1. Absent from this chart are commitments by the Foundation and other agencies on family planning in the United States. In 1968 the Department of Health, Education and Welfare estimates its commitments at \$17 million (exclusive of NIH support of research shown in the chart above) for family planning and related activities; the Planned Parenthood Association and their national federation spent about \$5 million on voluntary family planning work. The Ford Foundation will have spent \$1 million on domestic family planning in 1968.

Figure 3.—COMMITMENTS OF MAJOR AGENCIES IN POPULATION

Medical Sciences were among the first to identify a protein receptor site for estrogen in uterine tissue, one of the major current contributions to the field of reproductive biology. Biologists in Sweden are looking for ways to control the nerves that govern tubal and uterine function, testing new compounds that might prevent progesterone from acting at the uterine level, studying the hormonal requirements for ovulation, and contributing to knowledge of steroid metabolism. In Japan, fundamental research on reproductive immunology seeks to dispel the current confusion in this field.

Foundation grants have given special encouragement to work with primates, whose reproductive processes more closely resemble those of the human than do those of laboratory rodents. Primate colonies exclusively devoted to research in reproduction and contraceptive development have been established at the Population Council in New York, the Japan Monkey Colony, the Central Drug Research Institute in India, the University of Pennsylvania, the University of Pittsburgh, Yale University, Case Western Reserve University, and the University of Birmingham. Others still in the developmental stage will be located at Delhi University, the Indian Institute of Science, the University of Hawaii, and the University of Uppsala.

Most Foundation grants have supported fundamental research and training programs, rather than applied research projects directed to the refinement and testing of specific methods of birth control. Nonetheless, actual and potential practical applications can be attributed to Foundation-supported research. Development and clinical testing of IUCD's was primarily accomplished by the Population Council's Bio-Medical Division and the National Committee on Maternal Health, both Foundation grantees, while the low dose progestin silastic implant—a promising contraceptive method now under study—is also a Population Council product.

Recent grants are supporting highly applied research—to improve and simplify intra-uterine devices, to develop new and simpler techniques of male and female sterilization operations, and to test male methods of fertility control.

As a growing cadre of competent investigators have oriented their work toward fertility control, it is no longer true that advances in the field are held back by scarcity of competent personnel. The problem is to provide better organization and to increase financial support as rapidly as this pool of scientific manpower can use it in order to achieve major advances in the control of fertility.

#### POPULATION STUDIES

Foundation grants totalling \$11.6 million have gone to a dozen university centers focusing on population problems. As a result, more demographers are now involved in the design and evaluation of family planning programs; schools of public health have developed curricula intended to train family planning administrators; behavioral scientists are concerned with problems of education and communications for family planning and with understanding those factors in the social and cultural environments affecting fertility. Some are beginning to think about methods of persuading and inducing families to reduce desired family sizes.

An outstanding example of these university groups is the Population Studies Center of the University of Michigan under Professor Ronald Freedman. It is largely responsible for the design and evaluation of the successful Taiwan and Korea family planning programs. With close ties to these nations, it can direct its demographic teaching to their special problems and recruit students most likely to make a contribution to the programs of those countries.

An extremely promising multidisciplinary, all-university program has been established by the Carolina Population Center under the leadership of Moyer Freymann, for eight years the Founda-

tion's principal population specialist in India. This University of North Carolina operation has achieved a remarkable buildup of first-rate faculty in 20 disciplines, all engaged in research and training relevant to the solution of population problems.

Donald Bogue's Community and Family Study Center at the University of Chicago has had worldwide influence through its summer seminars in family planning communications and evaluation, as well as through its regular graduate program offering degrees in sociology with a specialization in family planning. And Philip Hauser's Population Research and Training Center at the same university has turned out an impressive array of population data specialists, who hold key posts throughout the world, and has established effective collaboration with three Asian population institutes.

These and other centers have trained many of the individuals now holding responsible positions in national family planning programs. The percentage of loss to other occupations or nonreturn to homeland is relatively low. The Foundation is being joined in support of these centers by AID, (which gave \$6 million in 1968), to a lesser extent by NIH, and to a gratifying degree by the universities themselves.

Training at university centers is most successful when it prepares technicians in a relevant discipline, e.g., demography, but less so when it tries to develop overall family planning administrators. Because the profession of family planning administration is so new, relevant teaching materials are just being developed, and there is a scarcity of faculty with appropriate overseas operating experience. While family planning programs in developing countries are characterized by administrative weakness, these university programs offer little instruction in modern management techniques. Programs need to be improved, and at the same time institutions for training family planning administrators must be built in the developing coun-

tries themselves. The planned establishment of population training center in Pakistan for its nationals and those of neighboring friendly countries is a promising step in this direction.

#### ASSISTANCE TO POPULATION PROGRAMS IN DEVELOPING COUNTRIES

Directly or indirectly through the Population Council or another grantee, the Foundation has supported or is supporting population or family planning activity in 26 countries in the developing world. This is in addition to substantial support to research and training institutions in the United States, Japan, Australia, and Europe whose work is related to the developing regions.

The extent and nature of the Foundation's involvement with population work in the developing world is summarized in Table 2. This table shows the heavy concentration of men and money in India and Pakistan where programs have been supported for nearly a decade, in contrast with the relative recency of assistance to most other countries. It also indicates that in Asia and Africa the Foundation is heavily engaged in assisting family planning action programs, as well as training and research on population problems, while in Latin America, where efforts to reduce national birth rates are not yet a customary part of public policy, the emphasis is on study of population problems and on reproductive biology. A brief review of the status of family planning in a few of the larger countries of the developing world where we are directly engaged will show something about the nature and scope of our support.

#### ASIA

*India.*—With over 520 million people and an annual increase of over 13 million, India has the largest and most complex population problem of all; and with the death rate still relatively high, the potential for even more rapid increase is still present.

A national family planning program, dating from about 1952, was completely

Table 2.—FORD FOUNDATION ASSISTANCE TO POPULATION PROGRAMS IN DEVELOPING COUNTRIES

Country	Type of activity		Full-time professionals in population (August 1, 1968)				Grants				
	Research and training in population	Reproductive biology	Assistance to family planning	Direct hire	Contract	Other	Direct grants	Via intermediary agency	Number of grants	Total dollars committed	Date of first grant
Total.....	...	...	...	21	25	...	...	...	85	22,078,090	...
ASIA											
Subtotals.....	...	...	...	14	15	...	...	...	44	14,705,300	...
Ceylon.....	...	...	x	11	1	...	...	Pop. Council	1	271,000	1967
India.....	x	x	x	1	...	...	x	...	25	9,012,300	1959
Indonesia.....	x	...	x	...	...	...	...	...	1	180,000	1967
Korea.....	x	...	x	...	...	x	...	Pop. Council	(a)	...	...
Malaysia.....	...	...	x	...	2	...	...	U. of Michigan	2	481,000	1966
Pakistan.....	x	...	x	1	11	...	x	Pop. Council; U.C.; Johns Hopkins	8	3,616,000	1961
Philippines.....	x	x	...	...	1	...	x	...	4	671,000	1964
Singapore.....	x	...	x	...	...	...	x	...	2	374,000	1964
Taiwan.....	x	...	x	...	...	x	...	Pop. Council	(a)	...	...
Thailand.....	x	...	x	1	...	x	x	...	1	100,000	1968
MID-EAST AND AFRICA											
Subtotals.....	...	...	...	2	9	...	...	...	14	2,502,700	...
Algeria.....	x	...	...	...	...	...	x	...	3	145,200	1965
Kenya.....	x	...	x	1	2	...	x	...	1	48,000	1967
Morocco.....	...	...	x	...	2	...	x	...	1	322,000	1966
Nigeria.....	x	...	x	...	2	...	x	...	1	380,000	1966
Tunisia.....	...	...	x	...	3	...	x	...	1	200,000	1963
Turkey.....	x	...	x	1	...	...	x	...	1	375,000	1967
United Arab Republic	x	x	x	...	...	...	x	...	6	1,032,500	1965
LATIN AMERICA AND CARIBBEAN											
Subtotals.....	...	...	...	5	1	...	...	...	27	4,870,090	...
Argentina.....	...	x	...	...	...	...	x	...	2	112,800	1965
Brazil.....	...	x	x	1	...	...	x	...	3	810,940	1966
Chile.....	...	x	...	1	...	...	x	...	1	170,000	1962
Colombia.....	x	...	x	1	...	...	x	...	3	645,000	1964
Costa Rica.....	x	...	x	...	...	...	x	...	1	136,000	1968
Jamaica.....	...	...	...	...	...	...	x	...	1	138,000	1964
Mexico.....	x	x	...	...	1	...	x	...	9	1,506,250	1963
Peru.....	x	...	...	1	...	...	x	...	1	282,000	1965
Venezuela.....	...	...	x	1	...	...	x	...	1	47,000	1967
Regional.....	x	x	...	...	...	...	x	...	5	1,022,100	...

(a) Population Council program and personnel partially supported by Ford Foundation general purpose grants to Council.



reorganized in 1965. Foundation staff have been actively and intimately involved with India's national program since 1958. Major responsibility for family planning lies with state governments, some of which have populations large enough to rank them among the most populous nations in the world if they were independent. The central government provides funds usually on a matching basis, develops the designs for program organization, and sets standards. It also contributes directly to training and information programs.

More than any other country, India emphasizes sterilization as a major method of contraception. Since 1965 it has been using the IUCD. The pill is still in the stage of clinical trial. The national program is about to embark on a large experiment to determine whether condoms can be successfully marketed through commercial channels. This experiment, which is one of the few of this type being undertaken anywhere in the world, would use the distribution systems of such international companies as Lever Brothers, Union Carbide, and Brooks-Bond Tea.

The Foundation's first grant in population in India was in 1959. Since then, 25 grants totalling \$9 million have been made for technical assistance and support of research and training in population, social science, and reproductive biology.

For its technical assistance in India, the Foundation has preferred the direct-hire approach rather than depending on universities or other agencies for backstopping support. As a consequence, it maintains in India its largest group of direct-hire technical specialists, now numbering 11, who offer help in program planning and administration, communications, training, and research.

The Indian Government's program is a massive one, complicated by federal-state relationship problems, a complicated administrative system, the high proportion of population in underdeveloped, isolated, rural areas, and the sheer size of the organization that has to be developed and

the numbers of people to be trained and served. The program seems to be moving better since the 1965 reorganization. It still has a long way to go, although some states seem to have succeeded in starting birth rates downward in some areas. The announced goal is a reduction of the present birth rate of about 40 per 1000 to 25 per 1000 to be achieved as "expeditiously as possible."

*Pakistan.*—Pakistan has a population of about 125 million and an annual increase of about four million. It has had a national family planning program since 1960, first under the Ministry of Health and since 1965, in a decentralized and completely reorganized format under an independent commissioner responsible to the President. The administrative scheme provides for much local responsibility at the district level, and includes well designed plans for defining job functions and training and supervising more than 50,000 family planning workers. It is especially notable for its experiments aimed at devising a workable fee system and its use of paramedical personnel for the insertion of IUCD's.

Foundation support began with a grant to the Ministry of Health in 1961 and has been continued through seven additional grants for technical assistance through the Population Council and the Schools of Public Health of Johns Hopkins University and the University of California. Support has been provided for the National Research Institute of Family Planning and for family planning training centers in Lahore and Dacca. In contrast to the approach used in India, technical assistance in Pakistan has been provided through a combination of direct hire, contractual arrangements through the Population Council, and grants to the two universities. The Foundation and its technical assistance grantees were largely responsible for stimulating the reorganization that transformed a stagnant program into a vigorous effort that may enable the country to achieve its interim goal of a

birth rate reduction from 50 to 40 per 1000 by 1970.

*Malaysia.*—This small country of just under ten million people, with an annual growth rate of about three percent despite a birth rate that has been falling since 1957, saw its general economic welfare and its high per capita income threatened by rising population and in 1966 adopted a policy and established a national family planning program.

The Malaysian decision was precipitated by a paper on "Population, Development, and Welfare in Malaya," prepared by Lyle Saunders of the Foundation staff and introduced through the Economic Planning Unit into Cabinet level discussions. The resulting program was designed with the participation of Foundation staff and consultants from the Foundation-supported Center for Population Studies and Center for Population Planning of the University of Michigan. It establishes the essential functions of a family planning program under a single director and builds in collaboration from all of the government ministries and private organizations whose concerns and work are relevant to population. With strong government support, the program is attracting young women with few children and had over 20,000 acceptors, mostly on the pill, in its first eight months of operation. Foundation grants to the University of Michigan have provided a resident consultant and technical leadership in the design and analysis of a national family survey that is one of the best that has been done. They are also supporting foreign training for key officials.

#### AFRICA

*United Arab Republic.*—With about 32 million people crowded into the Nile Valley, the United Arab Republic is not supplying its own food needs; and its growth rate of three percent a year is high. There have been private family planning efforts for a number of years, but they have been too small and too scattered to have had much effect on fertility.

In 1965, the Foundation made a grant to the Ministry of Foreign Cultural Relations to develop pilot action projects and support training in family planning at the Departments of Public Health of the Universities of Cairo and Alexandria. With the appointment of Prime Minister Mo-hieddin, a high level committee was appointed to design and administer a national family planning program. In February, 1966, the program was publicly announced and initiated. Foundation consultants worked with the government program from the beginning.

With the outbreak of hostilities in June, 1967, the family planning program came practically to a stop and the Foundation advisers in population and other fields were withdrawn. The government seems to be again interested in reviving the program with Foundation assistance, and plans are being made to provide another consultant.

In the field of reproductive biology, research and training grants and technical assistance have been given to the Departments of Obstetrics and Gynecology at the Universities of Cairo and Alexandria.

There is high-level support and public receptivity to family planning in the United Arab Republic. If the political situation stabilizes and if the difficult administrative problems can be overcome, the UAR could have an effective national family planning program. It has a good network of health facilities and an adequate public health staff. With most of the population concentrated along the Nile and in the Delta area, no person need be more than a few miles from a public health center that could dispense family planning services and information.

#### LATIN AMERICA

*Colombia.*—Colombia, long considered one of the more conservative countries of Latin America, is moving ahead in family planning under the leadership of the Colombian Association of Faculties of Medicine. With the help of Foundation grants in 1965 and 1967, the Association has es-

tablished a Division of Population Studies that has organized interdisciplinary population committees in each of the nine medical schools of the country; has developed a research capacity and has carried on a number of valuable research projects; has organized seminars at six-month intervals that have attracted participants from many countries of Latin America; and has trained over 1,200 Colombian public health personnel for family planning activity. Two of the Association leaders have moved into directing positions in the Pan American Federation of Associations of Faculties of Medicine and are engaged in expanding the Colombian pattern to medical associations and medical schools in other parts of Latin America.

In July of this year, USAID made a grant of more than \$2 million for continuing support of the Colombian Association, for direct support to a private family planning organization that has been unusually successful with the IUCD program in the major cities of Colombia, and to help fund the beginning and early operation of a family planning program in the facilities and using the personnel of the Ministry of Health. The Foundation and the Population Council are jointly sponsoring a population adviser in Colombia whose functions will include monitoring the grant to the Association and the coordination of all three program efforts in Colombia.

*Mexico.*—Mexico is one of the few countries that has managed to achieve substantial economic progress in the face of a rapidly rising population. With a high birth rate and a low death rate, Mexico has now a population of about 47 million and is growing at a rate which will double its population in twenty years.

The government has been highly conservative in the matter of family planning but in the past year or so has begun to move a little. The Foundation's approach to Mexico, as in other parts of Latin America, has been through stimulating interest in economic and demographic studies and through research in reproductive biology. Grants were made in 1963,

1966, and 1967 to the College of Mexico to establish a center for economic and demographic research and to help develop a faculty. In 1966, and again in 1968, the Foundation provided funds to the Mexican Institute of Social Studies for a nationwide survey of attitudes of Catholics towards family planning. The findings of the survey are now in press and will be published shortly. The Association of Medical Faculties is beginning to teach demography, family planning, and reproduction to medical students and to operate teaching family planning clinics. Preliminary government involvement has been made possible through grants in 1965 and 1966 to the Hospital of Nutritional Diseases of the Mexican National Institute of Nutrition for clinical research and testing of various contraceptives and for preliminary support of a new birth control clinic. In 1966, grants were made to the Women's Hospital in Mexico City for teaching and research in reproductive biology and a demonstration program in family planning, and to the Mexican Institute of Social Security which operates hospitals throughout Mexico for research in post-abortion fertility control in the Mexico City Hospital of the Institute. In Mexico, as in other parts of Latin America, governmental participation in family planning is likely to develop slowly in comparison with the rate of acceptance in Asia. But noticeable, positive change has occurred in the past two years, and there is no reason to suppose that the trend will be reversed.

#### FAMILY PLANNING IN THE UNITED STATES

The Foundation's work in population has been directed primarily to the problems of growth of population in developing countries. Beginning in 1966, however, a few small grants, totalling so far about \$2 million, have been made in support of family planning programs in the United States. While most of this nation's families have no need for assistance, at least four or five million women need publicly assisted family planning services. Financial

support for these services—eventually of the order of \$200 million a year—should be provided by Government—federal, state, and local. The Foundation has not undertaken to underwrite ongoing services, but rather to support experimental programs intended to improve delivery of services or to catalyze major support from other sources.

For example, a recent grant to Planned Parenthood-World Population has enabled that organization to employ “project developers” to provide technical assistance to community groups and agencies seeking Federal funds for family planning. One of these developers has just helped a number of community groups and hospitals in the Los Angeles area to organize into a family planning council and to obtain a large grant in support of family planning services from the Office of Economic Opportunity. A Foundation grant to Planned Parenthood of New York City will enable that organization to help the City’s Human Resources Administration and Department of Health recruit and train family planning workers for programs supported with City and Federal funds. Dr. Joseph Beasley of the Tulane University Department of Preventive Medicine has been successful in com-

bining State and Federal funds exceeding \$2 million in support of a comprehensive family planning service and research program for the State of Louisiana, where none had existed before. A Foundation grant has provided flexible funds to finance his core group, while major project funds have been obtained from other agencies.

The Foundation is supporting the Urban League’s efforts to implement its policy favoring family planning by supporting a major family planning program sponsored by the League in three test cities.

A grant to the Planned Parenthood Association of Baltimore supports an experimental program also sponsored by the Urban League of Baltimore and Johns Hopkins University directed toward reduction of illegitimacy and teen-age pregnancy. This program offers instruction in family life and sex education and, where indicated, refers participants to family planning clinics.

In the future, the Foundation will continue to seek opportunities of these kinds in the domestic family planning field, which we regard as a small, but important, segment of our total commitment to population work.